

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	E-H		10-10-01
O.I.P.E. CLASSIFIER		47	10/19/01
FORMALTY REVIEW	44	11-14	11/9/01

INDEX OF CLAIMS

✓ _____ Rejected
 - _____ Allowed
 - (Through number) Canceled
 - _____ Restricted
 N _____ Non-elected
 I _____ Interference
 A _____ Appeal
 O _____ Objection

Claim	Date
1	10/10/01
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Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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HTC 11/18 11-13-01

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